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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27898

State File No.

Registration District No. 27

Primary Registration District No. 8007

Registrar's No. 349

1. PLACE OF DEATH:

(a) County **Butler**
(b) City or town **Poplar Bluff**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
114 West Franklin
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **26 years** years, months or days)

3. (a) PRINT FULL NAME **Addie Lela Foust**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **X**

4. Sex **Female** 5. Color or race **White** 6. (a) Single/widowed, married, divorced **Married**
6. (b) Name of husband or wife **Robert Lee Foust** 6. (c) Age of husband or wife if alive **36** years
7. Birth date of deceased **Nov. 18 1909** (Month) (Day) (Year)

8. AGE: Years **31** Months **9** Days **20** If less than one day hr. min.

9. Birthplace **Doniphan Ripley Co. Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Shoe worker**
11. Industry or business **International Shoe Co**

MOTHER FATHER { 12. Name **Aaron A. Plunk**
13. Birthplace **Cape County Mo.** (City, town, or county) (State or foreign country)
14. Maiden name **Viola Cooter**
15. Birthplace **Ripley County Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Robert Lee Foust**
(b) Address **Poplar Bluff Mo.**

17. (a) **Burial** (b) Date thereof **Sept. 10, 41** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Woodlawn**

18. (a) Signature of funeral director **Frank Mortuary**
(b) Address **Poplar Bluff Mo.**

19. (a) **9-9-41** (b) **Belle Kinye** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Butler**
(c) City or town **Poplar Bluff**
(If outside city or town limits, write "RURAL")
(d) Street No. **114 West Franklin St.** (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **8**
year **1941** hour **7** minute **10** P. M.

21. I hereby certify that I attended the deceased from **9-8** 1941, to **9-8** 1941;
that I last saw him alive on **9-8** 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **43A**

Major findings: Of operations **none**

Of autopsy **none**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **none**
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **J. M. Harrison** (M. D. or other)
Address **Poplar Bluff Mo** Date signed **9-9-41**

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 941-1279

Date Filed 9/11/41

OCT 16 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.